

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO. _____		FILING DATE _____	
						APPLICANT(S) _____			
<b>CLAIMS</b>									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
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TOTAL IND.	2								
TOTAL DEP.	18								
TOTAL CLAIMS	20								
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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